Fulfillment Information Form and P.O. Box Request

Us this form to provide the basic required information about a program. Upon receipt of complete information, a P.O. Box number will be assigned.

Prepared By: _____ Date Ordered: ____/____/____

FIM Marketing and Bar Code should be sent to:

Name: _____ Address: _____

Company Name: _____ City/State/Zip Code: _____

Required Program Information: Provide ALL of the information requested below.

Brand: _____

Program Name/Description: _____

Program Drop Date: ____/____/____ Program Expiration Date: ____/____/____ Total Redemption Rate: _____

Type of Inbound Mail:
- ☐ Consumer Pays Postage
- ☐ BRC
- ☐ BRE - 1 oz. or less
- ☐ BRE - 2 oz. or less (more than 1 oz.)

Consumer Package to be Sent:
- ☐ Third Class
- ☐ UPS

Total Circulation: _____

Distribution: On Page ☐ Tip-In ☐ Other ☐

Method	Circ.	Est. Redemp.	P.O. Box Assigned	Source Code	Magazine Name	Circ.	Est. Redemp.	P.O. Box Assigned	Source Code
Direct Mail	____	_____	_____	____	_____	____	_____	_____	____
FSIs	____	_____	_____	____	_____	____	_____	_____	____
On Pack	____	_____	_____	____	_____	____	_____	_____	____
On Carton	____	_____	_____	____	_____	____	_____	_____	____
1 - 800	____	_____	_____	____	_____	____	_____	_____	____
POS	____	_____	_____	____	_____	____	_____	_____	____
Other	____	_____	_____	____	_____	____	_____	_____	____

Use the following address for consumer responses:

_____

_____

_____

_____

Use the following address for undeliverable mail:

_____

_____

_____

_____

Prepared By: _____ Date: ____/____/____

Brand Manager: _____ Project Code: _____

A separate Page 2 is Required for EACH Fulfillment Item Offered

#4002 FRONT
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Source: https://www.industrydocuments.ucsf.edu/docs/mspm0004